UNITED NATIONS **DP**

Executive Board of the United Nations Development Programme and of the United Nations Population Fund

Distr.
GENERAL

DP/FPA/COL/3
10 February 1998

ORIGINAL: ENGLISH

Second regular session 1998
20 - 24 April 1998, New York
Item 4 of the provisional agenda
UNFPA

UNITED NATIONS POPULATION FUND
PROPOSED PROJECTS AND PROGRAMMES

Recommendation by the Executive Director
Assistance to the Government of Colombia

Proposed UNFPA assistance:	$2.4 million from regular resources
Programme period:	4 years (1998-2001)
Cycle of assistance:	Third
Category per decision 96/15:	B

Proposed assistance by core programme areas (in millions of $):

	Regular resources
Reproductive health	2.0
Population & development strategies	.2
Programme coordination & assistance	.2
Total	2.4

/...

COLOMBIA

INDICATORS RELATED TO ICPD GOALS*

		Thresholds*
Births attended by health professional (%)[1]	71.0	≥60
Contraceptive prevalence rate (15-44) (%)[2]	66.0	≥55
Access to basic health services (%)[3]	60.0	≥60
Infant mortality rate (/1000)[4]	37.0	≤50
Maternal mortality rate (/100,000)[5]	200.0	≤100
Gross female enrolment rate at primary level (%)[6]	74.0	≥75
Adult female literacy rate(%)[7]	89.5	≥50

*** AS CONTAINED IN DOCUMENT DP/FPA/1996/15 AND APPROVED BY THE EXECUTIVE BOARD IN DECISION 96/15.**

[1] *WHO, Coverage of Maternal Care, 3rd ed., 1993. Data cover the period 1983-1993.*
[2] *United Nations Population Division, World Contraceptive Use 1994, ST/ESA/SER.A/143. Data cover the period 1986-1993.*
[3] *UNICEF, The State of the World's Children, 1995. Data cover the period 1985-1993.*
[4] *United Nations Population Division, World Population Prospects Database 1950-2050, 1994 Revision. Data are for 1992.*
[5] *UNICEF, The State of the World's Children 1995, which is based on data compiled by WHO. Data cover the period 1980-1992.*
[6] *United Nations Statistical Division, Women's Indicators and Statistics Database, Version 3 (CD-ROM), 1994, which is based on data compiled by UNESCO.*
[7] *UNESCO, 1996, Education for All: Achieving the Goal: Statistical Document. Two dashes (--) indicate that data are not available.*

Demographic Facts

Population (000) in 1995	35,814
Population in year 2000 (000)	38,905
Sex ratio (/100 females)	98.5
Per cent urban	73
Age distribution (%)	
Ages 0-14	34.3
Youth (15-24)	18.9
Ages 60+	6.4
Percentage of women aged 15-49	53.7
Median age (years)	23.2
Population density (/sq. km.)	31

Annual population growth rate (%)	1.66
Urban	2.28
Rural	-.11
Crude birth rate (/1000)	23.4
Crude death rate (/1000)	5.6
Net migration rate (/1000)	-1.2
Total fertility rate (/woman)	2.69
Life expectancy at birth (years)	
Males	68.2
Females	73.7
Both sexes	70.9
GNP per capita (U.S. dollars, 1994)	1,620

Sources: Data are from the Population Division, Department of Economic and Social Information and Policy Analysis (DESIPA) of the United Nations, World Population Prospects: the 1996 Revision; Annual population growth, including urban and rural data are from DESIPA, World Urbanization Prospects: the 1996 Revision. GNP per capita is from UNDO. Two dashes (--) indicate that data are not available.

1. The United Nations Population Fund (UNFPA) proposes to support a population programme over the period 1998-2001 to assist the Government of Colombia in achieving its population and development objectives. UNFPA proposes to fund the programme in the amount of $2.4 million from its regular resources, to the extent such resources are available. This would be UNFPA's third programme of assistance to Colombia.

2. The proposed programme was developed based on the recommendations of a UNFPA Programme Review and Strategy Development (PRSD) exercise, which included a mission to the country in May 1997, and a field visit by members of the Executive Board in March 1995. The PRSD recommendations were fully subscribed to by the Government. It takes into consideration the Government's priorities for international cooperation and results from evaluations of past UNFPA assistance. According to the UNFPA system for resource allocation, Colombia is classified as a "B" category country.

3. The main goal of the proposed programme is to contribute to a reduction in the continuing high level of maternal mortality in Colombia. UNFPA will contribute to accomplishing this goal by helping to improve access to reproductive health services in six departments (Bolivar, Cauca, Cesar, Cordova, Nariño and Sucre) characterized by significant social inequities, violence and displaced populations, especially women and children. The programme will also aim to reinforce the importance of population issues in the country's socio-economic development agenda.

4. All activities under the proposed programme, as in all UNFPA-assisted activities, would be undertaken in accordance with the principles and objectives of the Programme of Action of the 1994 International Conference on Population and Development (ICPD), which was endorsed by the General Assembly through its resolution 49/128.

Background

5. By the end of the century, given the current annual growth rate of 1.7 per cent, Colombia will have a population of 39 million. The urban growth rate, at 2.3 per cent, is quite high, while the rural population is declining. In some areas, particularly where mining and illegal crops are widespread, the urban growth rate exceeds 5 per cent. In these areas, social tensions and extreme violence are forcing the displacement of hundreds of thousands of men, women and children to cities. Thirty per cent of the urban population is concentrated in four cities with over one million inhabitants each.

6. The maternal mortality rate, which averages 200 per 100,000 live births nationwide, is the only ICPD indicator used in UNFPA's approach for resource allocation that has not yet been met. For the last 25 years, the main causes of maternal mortality have been toxemia, complications resulting from abortions, haemorrhages, and complications before, during and after labour. All of these are associated with the lack of quality reproductive health services.

7. The total fertility rate is estimated at 2.7 with important differences among regions; in rural areas it varies from 3 to over 5. The contraceptive prevalence rate of women in union is 72.2 per cent, with 59 per cent using modern methods. The most used method is female sterilization at 25 per cent, followed by oral contraception at 12.9 per cent and intra-uterine devices (IUDs) at 11.1 per cent. Unmet demand for family planning has been estimated at 7.7 per cent nationwide. Recent studies have indicated that 300,000 abortions are performed every year in the country, and it is estimated that approximately 45 per cent of pregnancies among adolescents under the age of 19 are terminated by abortion.

8. The Ministry of Health has identified the 150 municipalities that have the highest maternal mortality rates in the country, with a range of 207 to 570 per 100,000 live births. One hundred of these municipalities are located in the departments of Bolivar, Cauca, Cesar, Cordoba, Nariño and Sucre, with an average maternal mortality rate of 237 per 100,000 births. These departments are characterized by significant social inequities, violence and population displacement. In turn, these problems have repercussions on the reproductive health conditions of women in these departments. In contrast with the threshold levels attained in the rest of the country, infant mortality in these departments is about 40-50 per 1,000 live births; average fertility is between 3.6 to 3.8; average contraceptive prevalence is 67 per cent, including 51 per cent by modern methods; average supervised birth delivery is 49 per cent; unmet demand for family planning stands at 13.3 percent; elementary school attendance by girls stands at 69 per cent in Cesar, 55 per cent in Cauca, 52 per cent in Nariño and 70 per cent in the remaining three departments. The proportion of illiterate adults in the selected departments is approximately 23 per cent. Of the six departments, Cauca has the highest percentage of population receiving some form of social assistance (32 per cent), followed by Bolivar and Cesar (26 per cent), Sucre (18 per cent) and Cordoba (17 per cent).

9. Colombia's Health Sector Reform of 1994 aimed to ensure overall coverage under the General Social Security System (GSSS). Mayors are responsible for formulating a plan for local health services that ensures basic health services to every citizen, including reproductive health services except for the treatment of infertility. The Ministry of Health and the departmental health secretariats are responsible for developing service standards and for monitoring services provided throughout the system. Approximately half of the country's population has already been incorporated into the system. In many municipalities, however, institutional weaknesses resulting from limited administrative and technical capacity have hampered the progress of changes in the

health system. Many people are not yet aware of their rights under the GSSS and are therefore not affiliated to it and have no access to services and preventive programmes. The 1994 reform also incorporated into the system of social security such institutions as PROFAMILIA, a national non-governmental organization (NGO).

10. Colombia has made important advances in achieving gender equality. Women's participation in economic activities has increased from 37 per cent in the 1970s to 47 per cent in the 1990s, while households, headed by women have increased from 23 per cent in the 1980s to 25 per cent in the 1990s. School enrolment and attendance is the same for both sexes. During the last two decades, salary differentials between males and females workers have decreased.

11. A recently created government office, the National Directorate for the Equality of Women, provides technical assistance to public institutions for the introduction of gender and equity concerns in public policies as well as for the promotion of sexual and reproductive rights. In this regard, the Directorate and other government entities have established collaborative relationships with numerous private organizations, national and regional NGOs, and local governments.

12. Sex education at both the primary and secondary levels of schooling is mandatory by law. The Ministry of Education carries out this mandate through a national programme on sex education. This programme has encountered limitations and difficulties in the training of teachers and in the production and validation of materials. There is an ongoing problem in trying to reach out-of-school youth, for whom public programmes are scarce.

13. Colombia has significant technical capacity in the areas of population and demographic studies. It has made advances in the institutionalization of population and development issues by creating a Ministry for Environment and Population responsible for formulating a population policy and for coordinating activities with the Ministry of Health and other government institutions. However, the technical capacity within the Ministry for the Environment and Population to deal with population issues is still weak. The shrinking of central government institutions has reduced the national capacity for dealing effectively with population issues. There is a need to revitalize national awareness of population issues to move them to the forefront of the national development agenda. In order to do so, it will be necessary to involve institutions such as local governments and the private sector that have not previously been active in this regard.

Previous UNFPA assistance

14. UNFPA assistance to Colombia started in 1972. Since then, two comprehensive programmes have been approved, one for the period 1988-1992 and the second for 1993-1997. During the course

of the two programmes, UNFPA provided a total of $20 million in assistance from its regular resources, of which $5 million was for the immediate past programme.

15. The second programme, for the period 1993-1997, was designed to provide support to the Government in activities aimed at reducing adolescent pregnancy, maternal mortality and abortion. It aimed to help raise the country's overall contraceptive prevalence rate to 70 per cent; increase understanding of sexual behaviour and promote responsible reproductive behaviour; contribute to defining a national population policy; and strengthen institutional capacity at subnational levels to initiate population and reproductive health programmes as the Government pursued its policy of decentralization.

16. The programme recorded several successes. It contributed to an increase in the contraceptive prevalence rate to 72.2 per cent by developing counseling methodologies and by introducing new contraceptive methods such as NORPLANT. The programme supported NGOs in providing integrated services and information, education and communication (IEC) activities for adolescents as a way of reducing adolescent pregnancies. These activities were carried out through links between government agencies at both national and local levels and NGOs, with results that were beneficial to all concerned.

17. The past UNFPA programme contributed towards building local capacity to provide reproductive health services in the departments of Cauca and Nariño. This experience demonstrated that reproductive health services can be provided at the local level provided three conditions prevail: that staff at the national and departmental levels are fully aware of and understand the comprehensive reproductive health approach; that this understanding can be effectively conveyed to health workers at the local level; and that the services can be restructured to meet local needs.

18. The programme supported the development of population education methodology and materials as well as the training of teachers at subregional and local levels. Meanwhile, the Ministry of Education established the national sex education programme. For some time, these two programmes operated separately, and the results achieved by the population education project were of little benefit to the sex education programme. Currently, both programmes have been joined together; therefore, advances made by the UNFPA-funded population education project can be incorporated into the national mandatory sex education programme.

19. During the past programme, UNFPA also supported statistical analysis and the design of methodologies for case studies on maternal deaths and the establishing of maternal mortality monitoring mechanisms in six major cities in the country. This experience contributed to an increase in awareness of the problem and its impact.

20. During the past country programme, UNFPA helped the Government to mobilize institutional support to promote and defend reproductive and sexual rights in the context of the enactment of a law to prevent sexual abuse. UNFPA also supported national institutions in disseminating information on reproductive rights and in developing ways to improve the response from institutions responsible for defending and guaranteeing such rights, especially for victims of sexual abuse. These initiatives helped to contribute to placing reproductive rights at the centre of concerns at the highest political level and also encouraged discussion of other sensitive issues, such as abortion and violence against women. As a result of this work, UNFPA has strengthened its links to all relevant governmental and non-governmental organizations and has reinforced its ability to bring different partners together to work on population and reproductive health issues.

21. UNFPA assistance was not, however, particularly successful in achieving the formulation of a national population policy. The newly created Ministry for the Environment and Population, entrusted with the formulation of a population policy in coordination with the Ministry of Health, does not yet have the institutional capacity needed to obtain the participation of other governmental institutions and of organized groups from the civil society towards this end. Meanwhile, UNFPA has supported population and demographic studies by providing technical assistance for the analysis of the 1993 census and the development of a system of socio-demographic indicators. The experience of the past programme demonstrates the need to broaden the discussion of issues to be considered as elements of a population policy by including NGOs, academic and research institutions, and regional and subregional organizations.

Other international assistance

22. In responding to the Government's priorities, United Nations agencies in Colombia are focusing on the social sector. UNDP is executing projects financed by the multilateral banks, including an important project for the reform of the health sector and another one to reinforce primary-level education. UNICEF is supporting the process of decentralization in a number of departments in support of local development, the rights of children and strengthening social communication. The main emphasis of the Pan American Health Organization (PAHO) is support for health sector reform.

23. The major resources of the World Bank and the Inter-American Development Bank are being channeled to restructuring the health and education sectors by strengthening national capacity and service infrastructure in some critical areas. Germany is focusing on gender and youth issues while supporting decentralization of activities. The United States Agency for International Development (USAID), formerly the major contributor in the population area, phased out its support in 1996. The Government has requested that UNFPA provide technical assistance and support to population and

development and reproductive health activities as well as helping to coordinate support in these areas with other potential donors.

Proposed programme

24. The proposed country programme is within the priorities set forward by the draft Country Strategy Note and the Government's policy statement on international technical cooperation. The search for peace and respect for human rights is the first priority for the Government. The Resident Coordinator system is working to establish a United Nations Development Assistance Framework (UNDAF) centred on ensuring fundamental rights; UNFPA will play a decisive role in incorporating reproductive and sexual rights into that framework. The country programme's focus on six departments with high levels of inequities and displaced populations will also contribute to the Government's efforts to promote peace and social development. In this context, UNFPA's particular contribution will build on its past experience, technical expertise and the wide recognition it enjoys for leadership in the population field. The proposed UNFPA country programme will play a decisive role in promoting reproductive and sexual rights, developing quality reproductive health services and retaining population in the national development agenda.

25. The goal of the proposed programme is to contribute to the reduction of maternal mortality by improving reproductive health in regions characterized by significant social inequities, violence and displaced populations. This will be achieved by increasing the utilization of reproductive health services in six departments -- Bolivar, Cauca, Cesar, Cordoba, Nariño and Sucre -- by improving the access to and quality of such services. The programme will support the Ministry for the Environment and Population at the national level in mobilizing public, private and academic institutions for a dialogue on population matters relevant to the country's socio-economic development needs.

26. Two subprogrammes, in the areas of reproductive health and population and development strategies, respectively, will be formulated under the proposed programme. The reproductive health subprogramme will be concentrated in 100 municipalities out of the 150 that have the highest maternal mortality rates in the country. These municipalities are located in the six departments mentioned above. They have a total population of approximately 6,120,000 inhabitants, including 823,000 women of reproductive age (27 per cent of the total female population) and a youth population of 795,000.

27. Reproductive health. In the 100 municipalities in which it will operate, the reproductive health subprogramme will seek to: (a) decrease maternal mortality from the current rate of 237 maternal deaths per 100,000 live births; (b) increase supervised deliveries from the current 49 per

cent; (c) increase prenatal visits by pregnant women from the current average of 67 per cent to 77 per cent; and (d) increase the contraceptive prevalence rate from 51 to 55 per cent.

28. To reach its purposes, the reproductive health subprogramme will build on UNFPA's past experience in working with national and local institutions. It will help to increase the utilization of reproductive health services by improving the quality of the services and by increasing the number of persons affiliated to the social security system. It will assist local governments to include the promotion, prevention and access to quality reproductive health services in health plans at regional and local levels; will give technical assistance to the Ministry of Health to improve and implement quality standards for services; and, in association with local governments and NGOs, will devise an information and communication strategy to encourage community participation in decision-making on the quality and type of services and to promote reproductive health rights. The subprogramme will also contribute to expanding education and services for adolescents by helping the Ministry of Health to establish standards that pay special attention to the needs of adolescents and by helping the Ministry of Education to further expand its sex education programme, incorporating experiences gained through UNFPA-supported population education activities.

29. The subprogramme will contribute to strengthening national capacity by supporting technical assistance and training activities encompassing 152 health centres; 455 schools; 200 health staff at the central level; 300 health staff at the departmental level; and 1,500 health providers and 2,000 teachers at the local level. It will assist in the organization of 100 local inter-institutional committees to gather and analyse information on maternal mortality, improve recording of reproductive health services, strengthen the application of family planning guidelines and implement IEC activities.

30. The $2 million in regular resources for the reproductive health subprogramme will be distributed as follows: $600,000 for technical assistance; $600,000 for training; $400,000 for IEC and promotional activities; $200,000 for supplies and equipment; and $200,000 for publications.

31. Population and development strategies. The population and development subprogramme will provide technical assistance to the Ministry for the Environment and Population and to strengthen its capacity to deal with population issues and to add visibility and legitimacy to population concerns in the context of the country's development efforts.

32. Implementation, coordination, monitoring and evaluation. The programme will be executed by the Government and supervised by the UNFPA non-resident Country Director. Day-to-day activities will be managed by the UNFPA Assistant Representative and the UNFPA country office in Colombia. National institutions, particularly at the local level, will implement programme activities with technical support provided by UNFPA. The programme has been designed with an

orientation towards technical assistance and will make use of the capacities of selected national NGOs and local consultants. The UNFPA Country Support Team in Santiago, Chile, will provide technical backstopping and contribute to strengthening national capacities.

33. UNFPA will continue to support the Government in coordinating international assistance in the population area. The Fund will maintain close collaboration with WHO, UNICEF, UNESCO and other multilateral as well as bilateral agencies and NGOs that are assisting Colombia to implement its population-related activities, especially in the area of reproductive health. Constant exchange of information in population-related activities will be established through the Resident Coordinator system, the United Nations Development Group (UNDG) and meetings with other international agencies, such as the World Bank and regional multilateral organizations.

34. The programme will make full use of available and appropriate national and regional technical backstopping capacities and advisory services from the UNFPA Country Support Team based in Santiago, Chile. Finally, a matrix of indicators, including those of the ICPD Programme of Action, will be elaborated at the beginning of the programme in order to measure overall programme development and progress. In addition, the two subprogrammes will be subject to standard progress reports, monitoring field visits and annual and final review meetings. A mid-term programme review will take place at the end of 1999, and a final review is anticipated by the end of 2001.

Recommendation

35. The Executive Director recommends that the Executive Board approve the programme of assistance to Colombia, as outlined above, in the amount of $2.4 million from UNFPA's regular resources, to the extent such resources are available, consistent with Executive Board decision 96/15 on the allocation of resources.

*****